CTCMA

REFERENCE FORM FOR RECIPROCITY APPLICATION

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

TO BE COMPLETED BY REGULATORY AUTHORITY

The individual below is applying for full registration in British Columbia under the Canadian Reciprocity Agreement (Agreement on Internal Trade). To assist the review, please complete the following information and return directly to CTCMA – 1664 West 8th Ave., Vancouver, BC, V6J 1V4, Canada.

Full Legal Name of the Practitioner: ______________________________

Registration Number: ______________ Date of Birth: (yyyy/mm/dd) ______________

Registration Title: ______________________ Status: ☐ Practising ☐ Non-Practising

Registration Category/Class/Type: ______________________________

Date of Issue: ______________ Expiry Date: ______________

Is the registrant a subject to any current practice limitations, conditions, terms, or restrictions? ☐ Yes ☐ No

(If yes, please explain): ______________________________

Has registration ever been suspended, revoked, limited or subject to other disciplinary action? ☐ Yes ☐ No

(If yes, please explain): ______________________________

Is there any pending inquiry/complaint in the registrant's file? ☐ Yes ☐ No

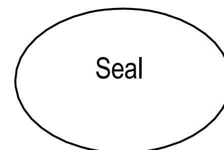
(If yes, please explain): ______________________________

Does the registrant maintain a practicing status in good standing? ☐ Yes ☐ No

(If no, please explain): ______________________________

Has the practitioner always complied with your continuing education requirements? ☐ Yes ☐ No

(If no, please explain): ______________________________



____
Signature of Verifier

____
Name & Title of Verifier

______________________________ ______________
Regulatory Authority Date

CTCMA REFERENCE FORM FOR RECIPROCITY APPLICATION

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

TO BE COMPLETED BY APPLICANT

To: ❐ **College and Association of Acupuncturists of Alberta**

❐ **College of Traditional Chinese Medicine Practitioners and Acupuncturists of Newfoundland & Labrador***

❐ **College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario**

❐ **Ordre des Acupuncteurs du Québec**

I,____, request that the Acupuncture and/or Traditional Chinese Medicine Regulatory authority identified above, complete the attached form and release any information pertaining to my acupuncture/TCM registration in that province to the College of traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA), for the purpose of my application to become a Registered Acupuncturist or a Registered Traditional Chinese Medicine Practitioner in British Columbia.

Name of Applicant	Registration Number of Applicant
Signature of Applicant	Date